



Attorney Docket No. 5723-68359  
PATENT



23643

PATENT TRADEMARK OFFICE

SEP 07 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph M. DEWIG et al. Conf. No.: 2204  
Serial No.: 09/909,284 Art Unit: 2854  
Filed: July 19, 2001 Examiner: Wasseem H. Hamdan  
For: CONTAINER-LABELING AND -PRINTING  
SYNCHRONIZATION APPARATUS AND PROCESS

*file only*

**RESPONSE TO OFFICE ACTION AND AMENDMENT**

Box Non-Fee Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

09/28/2004 AJOHNS01 00000000 100425 In response to the Office Action mailed May 4, 2004, please amend the above-

01 EC:1201 identify application as follows:  
02 FC:1202 90.00 DA

Amendment to the Claims begins on page 6 of this paper.

Remarks begin on page 2 of this paper.

*copy*

BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

5723 6835.9

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

TYPE ☐

OTHER THAN

OR SMALL ENTITY

TOTAL CLAIMS	331	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20 =	13
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	38	Minus	33	= 5
Independent	10	Minus	5	= 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	90.00
X40=		OR	X80=	430.00
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.